

10/506693

DT09 Rec'd PCT/PTO 03 SEP 2004  
EXPRESS MAIL NO.: EV398874318US

**APPLICATION DATA SHEET**

**Application Information**

Application number::

Filing Date:: 03/05/03

Application Type:: Regular

Subject Matter:: Utility

Suggested classification::

Suggested Group Art Unit::

CD-ROM or CD-R?:: None

Number of CD disks::

Number of copies of CDs::

Sequence submission?::

Computer Readable Form (CRF)?::

Number of copies of CRF::

Title :: METHOD AND DEVICE FOR  
DETERMINATION OF TISSUE SPECIFICITY  
OF FREE FLOATING DNA IN BODILY FLUIDS

Attorney Docket Number:: 47675-86

Request for Early Publication?:: No

Request for Non-Publication?:: No

Suggested Drawing Figure::

Total Drawing Sheets::

Small Entity?:: Yes

Petition included?::

Petition Type::

Licensed U.S. Gov't Agency:: No

Contract or Grant No::

Secrecy Order in Parent Appl.?:

No

## **First Applicant Information**

Applicant Authority Type::	Inventor
Primary Citizenship Country::	DE
Status::	Full Capacity
Given Name::	Kurt
Middle Name::	
Family Name::	Berlin
Name Suffix::	
City of Residence::	Stahnsdorf
State or Province of Residence::	
Country of Residence::	Germany
Street of mailing address::	Marienkäferweg 4
City of mailing address::	Stahnsdorf
State or Province of mailing address::	
Country of mailing address::	DE
Postal or Zip Code of mailing address::	14532

## **Second Applicant Information**

Applicant Authority Type::	Inventor
Primary Citizenship Country::	US
Status::	Full Capacity
Given Name::	Andrzej
Middle Name::	
Family Name::	Sledziewski
Name Suffix::	
City of Residence::	Shoreline
State or Province of Residence::	WA

Country of Residence:: US  
Street of mailing address:: 17736-15<sup>th</sup> Ave. NW  
City of mailing address:: Shoreline  
State or Province of mailing address:: WA  
Country of mailing address:: US  
Postal or Zip Code of mailing address:: 98177

### **Third Applicant Information**

Applicant Authority Type::  
Primary Citizenship Country::  
Status::  
Given Name::  
Middle Name::  
Family Name::  
Name Suffix::  
City of Residence::  
State or Province of Residence::  
Country of Residence::  
Street of mailing address::  
City of mailing address::  
State or Province of mailing address::  
Country of mailing address::  
Postal or Zip Code of mailing address::

#### **Fourth Applicant Information**

Applicant Authority Type::

Primary Citizenship Country::

Status::

Given Name::

Middle Name::

Family Name::

Name Suffix::

City of Residence::

State or Province of Residence::

Country of Residence::

Street of mailing address::

City of mailing address::

State or Province of mailing address::

Country of mailing address::

Postal or Zip Code of mailing address::

#### **Correspondence Information**

Correspondence Customer Number:: **22504**

Name::

Street of mailing address::

City of mailing address::

State or Province of mailing address::

Country of mailing address::

Postal or Zip Code of mailing address::

Phone number:: 206-628-7621

Fax Number: 206-622-7699

E-Mail address::

barrydavison@dwt.com

### Representative Information

Representative Customer Number::		<b>22504</b>
----------------------------------	--	--------------

### Domestic Priority Information

Application ::	Continuity Type::	Parent Application::	Parent Filing Date::
This application	National stage of	PCT/EP03/02245	03/05/03

### Foreign Priority Information

Country::	Application number::	Filing Date::	Priority Claimed::
EP	02004954.0	03/05/02	Yes

### Assignee Information

Assignee name::	
Street of mailing address::	
City of mailing address::	
State or Province of mailing address::	
Country of mailing address::	
Postal or Zip Code of mailing address::	